Oral Health and the Affordable Care Act: State Roles

Presenting:
Caswell Evans, Jr., DDS, MPH, Director, Associate Dean for Prevention and Public Health Sciences, College of Dentistry, University of Illinois at Chicago

Rebecca Alderfer, MPP, Manager, Strategic Initiatives, Pew Center on the States

Bobby D. Russell, DDS, MPH, Public Health Dental Director, Iowa

Moderated by Senator Jeremy Nordquist, NCSL Health Committee Chair, Nebraska

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State Approaches and Policy Options Regarding the Oral Health of Children

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Caswell A. Evans, DDS, MPH
Associate Dean for Prevention and Public Health Sciences
University of Illinois College of Dentistry
Children

- For each child without medical insurance, there are at least 2.6 children without dental insurance.

- Uninsured children are 2.5 times less likely than insured children to receive dental care.
Cleft Lip/Palate

- Cleft lip/palate, one of the most common birth defects, is estimated to affect 1 out of 600 live births for whites and 1 out of 1,850 live births for African Americans.
Dental caries (tooth decay) is the single most common chronic childhood disease—5 times more common than asthma and 7 times more common than hay fever.

Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated.
Dental caries is one of the most common diseases among 5- to 17-year-olds.

Percentage of children and adolescents ages 5 to 17

- Caries 58.6%
- Asthma 11.1%
- Hay fever 8.0%
- Chronic bronchitis 4.2%

Note: Data include decayed or filled primary and/or decayed, filled, or missing permanent teeth. Asthma, chronic bronchitis, and hay fever based on report of household respondent about the sampled 5- to 17-year-olds. Source: NCHS 1996
Poor children 2 to 9 in each racial/ethnic group have a higher percentage of untreated Primary teeth than nonpoor children.

Source: NCHS, 1996
The “upside down” problem:
Children with most need have least care
The challenge is to:

1. Reduce disease burden
2. Improve access to quality care

The “fix”:
Children with most need get most care
Why Policy Matters

- Policy change may be necessary when what has been tried so far is not successful in reducing disparities in oral health status.

- Policy change can shift funds and programming towards preventive measures and facilitate better access to treatment.

- Policy change related to oral health has the benefit of strong evidence-based solutions.
A Few Trends in States

- State mandates for dental screening for school-aged children
- Community Water Fluoridation
- School-based/linked dental sealant programs
- Medicaid Reimbursement, Loan Repayment, & other
- Federal / State: CHIP, FQHCs, & State Exchanges
State Laws – Dental “Screening”

State laws that require certification of an oral health assessment as a condition of school entry:

- Overall, more than a quarter of states now have some requirement for a dental certificate for school-aged children

- Data needed to know if policy improves child health or family health literacy

IL Dental Screening Law

- Students in public, private and parochial school must comply
- All children in kindergarten, second and sixth grades are required to have a dental examination by May 15th of each year
- Waiver is issued for religious, undue burden and lack of access concerns
- Data is maintained by Board of Education and Department of Public Health
- In the 2005-06 school year, the first year of the new law, the dental compliance level of all students in all reported schools was 80.3%. The compliance level of public schools was 78.8% and of non-public schools was 90.6%.

See: [http://www.astdd.org/docs/FinalSchoolScreeningpaper10-14-08.pdf](http://www.astdd.org/docs/FinalSchoolScreeningpaper10-14-08.pdf)
Community Water Fluoridation

For every $1 invested in community water fluoridation, $38 is saved in dental treatment costs. (CDC)

The Fluoride Legislative User Information Database (FLUID) is an online legal and policy database that is...

- Comprehensive
- User-friendly
- Informative

Addresses policy and case law at federal, state, and local levels. Available at www.fluidlaw.org

- Search
- Case Law
- Policies
- Federal Actions
State Strategy Example

Arkansas Statewide Law (Act 197) – fluoridation for approximately 32 additional community water systems in Arkansas

Took a “village” to pass:

- Coalition worked with CDC/CDHP Oral Health Policy Tool and prioritized policy change
- Pew Campaign State
- Multiple partners
School based/linked dental sealant programs (SBSPs)

- CDC reports SBSPs can reduce decay by up to 60%*

- Yet only 32% of children aged 8 years have received sealants in the US and disparities exist in receipt of sealants*

* CDC Oral Health Program Strategic Plan 2011-2014
State Strategy Example

- In SC, for example, dental sealant usage among 3rd graders increased 20 to 24% from 2002 to 2008, with no racial disparity in status of sealant use (and untreated decay declined from 32% to 22%).

- Oral health surveillance, infrastructure support & funding, + policy changes related to Medicaid reimbursement and workforce seen as contributing factors.
Other Options

- Increase Medicaid reimbursement rates to at least cover provider costs of delivery care

- Michigan Pilot: Commercial Carrier (Delta) representing Medicaid

- States with State supported Dental Schools: Loan repayment/forgiveness for establishing practice in an underserved area
State / Federal

- Children’s Health Insurance Program (CHIP)
- Federally Qualified Health Center (FQHC) public / private contracting
- Affordable Care Act (ACA) State Exchanges
State focus on CHIP

Federal Children’s Health Insurance Program (CHIP) now provides comprehensive approach to oral health for kids

– dental coverage
– access to information on available providers
– increased accountability

- Optional state policy, states with separate CHIP plans may provide supplemental dental coverage to CHIP income-eligible children with medical coverage
  – Iowa only state that has currently implemented

See: [http://www.cdhp.org/resource/access_child_only_supplemental_dental_coverage_through_chip](http://www.cdhp.org/resource/access_child_only_supplemental_dental_coverage_through_chip)
Public-Private Partnerships: FQHC Contracting for Dental Services

Federal legislation clarified that Federally Qualified Health Centers (FQHCs) may contract with private dentists:

- Expands FQHC’s ability to meet community need while engaging private dentists
- Patients remain FQHC patients, private dentists can see patients in their office and negotiate payment contract with FQHC
- Endorsed by the American Dental Association (ADA) and the National Association of Community Health Centers (NACHC).

Health Reform – State Exchanges

2010 Affordable Care Act (ACA), state insurance markets or “Exchanges” are to be set-up by 2014

- In the establishment of Exchange(s) – decisions include requirements of insurers, consumer protections, essential benefits
- States have discretion regarding participating plans, rates, and – to some degree – available benefits
- Pediatric dental care is mandated Essential Benefit – but much has yet to be determined about design, consumer protections and out-of-pocket expenses

More information: http://cdhp.org/cdhp_healthcare_reform_center
Children’s Dental Health Project
www.cdhp.org

National Maternal and Child Oral Health Policy Center
www.nmcohpc.org

Fluoride Legislative User Information Database (FLUID)
www.fluidlaw.org

Information Available
Agenda

1. Brief Overview of the Pew Children’s Dental Campaign
2. Dental Coverage under Affordable Care Act
3. Programs with Direct Funding
4. Authorized Discretionary (Annual) Oral Health Programs
5. Commissions and Federal Initiatives (for information only)
Our Work

• Fiscal Health
• Government Performance
• Election Initiatives
• Partnership for America’s Economic Success
• Pew Children’s Dental Campaign
• Pew Home Visiting Campaign
• Pre-K Now
• Public Safety Performance Project
• Results First
• Stateline
Pew’s Children’s Dental Campaign

Mission:

To promote policies that will help millions of children maintain healthy teeth, and come to school ready to learn.
Focusing on Three Policy Areas

Prevention
• Community water fluoridation campaigns (CA, AR, MS)
• National messaging & strategy development

Funding for care
• Advocating for federal funding and support for oral health programs
• Medicaid reimbursement for fluoride varnish by MDs and RNs

Dental Workforce
• Ensuring adequate workforce to care for children (MN, CA, ME, NH)
• Research on economics of new models
Pew Campaign Federal Agenda: Supporting State Policy

- Increasing federal financial investments in oral health prevention and care; including workforce

- Improving federal Medicaid, Community Health Centers, and grant program policies and criteria to ease barriers to care

- Showcasing state models for pragmatic, cost-effective reform and recruit national champions

- Serving as a resource and liaison to federal policymakers and state campaign advocates
Dental Coverage in the Affordable Care Act
State Health (Insurance) Exchanges

Essential Health Benefits Requirements
A pediatric dental benefit is required in the essential benefits package of the new State exchanges

Timing: January 1, 2014
Agency: Secretary of Health and Human Services
Authorization: New

- Pediatric dental benefit is yet undefined
- Secretary is charged with defining the scope of the benefits. The Institute of Medicine is running a process to gather input.
Medicaid Expansion

Medicaid Expansion for the Lowest Income Populations
Mandates that states set their Medicaid income eligibility cap no lower than 133% of FPL. Coverage extended to all citizens meeting the income eligibility standard (childless adults)

**Timing:** January 1, 2014

**Agency:** Secretary of Health and Human Services

**Authorization:** New

- Raises eligibility for 6-19 year olds in 20 states: AL, AZ, CA, CO, DE, FL, GA, KS, MS, NV, NY, NC, ND, OR, PA, TN, TX, UT, WV, WY
- Option for states to adopt this expansion before 2014
Funding for CHIP

Extends CHIP through FY 2015

Funding for the Children’s Health Insurance Program (CHIP) is extended through fiscal year 2015, effective immediately, and the program is authorized to continue through 2019.

**Timing:** Funded March 23, 2010 - FY 2015

- Authorized to continue through 2019
- 23% FMAP increase beginning FY 2016

**Authorization:** New/amends existing
Summary of Dental Coverage

• ‘Almost’ universal dental coverage for children
  – Paired with the requirement to carry health insurance
  – Estimated 5.3 million additional children will obtain dental coverage

• Adult dental coverage continues to be optional under Medicaid
  – States continue to drop adult dental benefits due to budget constraints

• Adult dental coverage not included as part of the essential benefits package to be offered in the state exchanges.
Programs with Direct Funding in ACA
Supporting the Dental Safety Net

Community Health Centers Fund
Appropriated $11 billion to the CHC program
- $9.5 billion to expand operational capacity and enhance health services, including oral health services
- $1.5 billion for construction and renovation of community health centers

National Health Service Corps Fund
Appropriated $1.5 billion to the National Health Service Corps
- Programmatic improvements and placement of estimated 15,000 primary care providers in shortage areas

Grants for the Establishment of School-Based Health Centers
Appropriated $200 million
- Restricted to expenditures for facilities; cannot be used for operations
- HRSA recently announced approx. $50 million for estimated 1,000 SBHC grants in FY 2010

Prevention and Public Health Fund: FY2010-FY 2011 Allocations

- FY 2010 = $500 million allocation
  - $250 million to support training for and expansion of the primary care workforce
  - $250 million for prevention
- FY 2011 = $750 million allocation
  - $298 million to support community prevention
  - $182 million to support clinical prevention
  - $137 million to support public health infrastructure and training
  - $133 million to support research and tracking
- FY 2012 = $1 billion allocation (proposed)


Medicaid and CHIP Payment and Access Commission (MACPAC) -- Assessment of Policies Affecting All Medicaid Beneficiaries

Expands duties originally set out in the Children’s Health Insurance Reauthorization. Including ‘how factors affecting expenditures and payment methodologies enable beneficiaries to obtain services, affect provider supply, and affect providers that serve a disproportionate share of low-income and other vulnerable populations.

**Timing**: FY 2010

**Funding**: $11 million for FY 2010

**Authorization**: Amends existing authorization, members already named
Authorized Discretionary
(Annual)
Oral Health Programs in ACA
Supporting Public Health

- 5-year national, public education campaign focused on oral healthcare prevention and education

- Demonstration grants to show the effectiveness of research-based dental caries disease management activities

- Expanded oral health surveillance collections; national and state specific

- Expanded cooperative agreements to improve oral health infrastructure

- Requirement that all states, territories and Indian tribes receive grants for school-based dental sealant programs
Supporting the Dental Workforce

**Demonstrations and evaluation of alternative dental health care providers**
Grant funds are to be used to train or employ new types of dental providers in order to increase access to dental health care services in rural and other underserved communities.

**Timing:** 5-year program to begin no later than March 23, 2012, funding can start in March 2011

**Agency:** Secretary of Health and Human Services
Contract with the Institute of Medicine for program evaluation

**Funding:** Authorized; each grant will be at least $4 million, to be distributed over the life of the 5-year project – total of at least $60 million

**Authorization:** New, requires compliance with state law
Supporting the Dental Workforce

**Expanded dental training programs**

The Secretary may make grants to, or enter into contracts with, a school of dentistry, public or nonprofit private hospital, or a public or private nonprofit entity to establish and improve training programs, provide student financial assistance, provide technical assistance and support faculty loan repayment programs.

*Timing:* FY 2010 - FY 2015

*Agency:* Secretary of Health and Human Services

*Funding:* FY 2010: Authorized to be appropriated $30 million

FY 2011-FY 2015: such sums as necessary

*Authorization:* Amends Title VII of the Public Health Service Act
Supporting the Dental Safety Net

School-Based Health Center Grants

Required basic services include “referrals to, and follow-up for, specialty care and oral health services”

Timing: FY 2010-FY 2014

Agency: Secretary of Health and Human Services, Bureau of Primary Healthcare

Funding: Authorized such sums as necessary
  - Covers operation and equipment costs for existing facilities

Authorization: Amends Title III of the Public Health Service Act
(42 U.S.C. 280h et seq.)
Federal Initiatives
(For Information Only)
This initiative utilizes a systems-approach to create and finance programs to:

- Emphasize oral health promotion/disease prevention
- Increase access to care
- Enhance oral health workforce
- Eliminate oral health disparities

http://www.hrsa.gov/publichealth/clinical/oralhealth/hhsinitiative.html

HRSA and Institute of Medicine Projects

Oral Health Access to Services

*Purpose:* Examine issues that affect underserved populations that are most vulnerable to oral disease and the role of public and private safety net providers, with a specific focus on women and children.

An Oral Health Initiative

*Purpose:* Explore ways to increase public awareness of the relationship and importance of good oral health to good physical health; promote prevention and improve oral health literacy to health providers and the public; and recommend ways to improve access to oral health care.

Summary and Questions
Summary

• New insurance coverage and new resources
  – Estimate 5.3 million children could gain dental coverage
  – Expansion of Community Health Center operational and facilities grants
  – Authorized programs supporting prevention and workforce

• **Action still needed**: To secure federal investment in authorized dental programs
INSIDE I-SMILE™: 2010
Bob Russell, DDS, MPH
Dental Director, Iowa Department of Public Health
The I-Smile™ Dental Home

Multiple Locations: private practices, clinics, public health settings

Multiple Providers: dentists, hygienists, nurses, physicians

Integrated services: prevention, care coordination, treatment, education
More Iowa children ages 0-12 are receiving dental care.

- 55% more Medicaid eligible (ME) children receive care from dentists
- 58% more ME children receive preventive care from dentists
- Title V (Maternal and Child Health Services Block Grant) staff provide care to 3x as many ME children than before
More work is needed to ensure that very young Iowa children receive care.

- One in ten children at WIC (6 months-4 yrs) have untreated decay
- One in five children ages 3-4 at WIC have untreated decay
- 17% of children screened before kindergarten have a dental treatment need
More work is needed to ensure that very young Iowa children receive care.

- **Dentists:**
  - Less than 1% of ME children received an exam before the age of 1
  - 10% received a service from a dentist before turning 2

- **Title V/Public Health:**
  - 6% of ME children received a screening before the age of 1
  - 15% received a screening and/or fluoride before the age of 2
What else is working?

- 639 children received fluoride varnish from medical practitioners in 2010 (up from 13 in 2005)

- School dental screening requirement is increasing the number of children who are ready to learn

- I-Smile™ Coordinators are successful in building partnerships and local infrastructure
Dental Screening Requirement

Created by Iowa legislature in 2007; implemented 2008-2009 school year

Overall goal: Improve the oral health of Iowa’s children
Who is included?

• Any student seeking enrollment in kindergarten or 9th grade in an Iowa public or accredited non-public elementary or high school

• Exemptions allowed for:
  • Religious reasons
  • Financial hardship
Who can provide screening?

- Kindergarten
  - Dentist or dental hygienist
  - Physician, physician assistant, registered nurse or nurse practitioner

- 9th grade
  - Dentist or dental hygienist
## School Screening Results

2008-2009: **57%** of students with valid certificate

2009-2010: **70%** of students with valid certificate

<table>
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<th>Year</th>
<th>No problems</th>
<th>Require Care</th>
<th>Require Urgent Care</th>
<th>DDS</th>
<th>RDH</th>
<th>MD/DO</th>
<th>PA</th>
<th>RN/ARNP</th>
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<tr>
<td>2008-2009</td>
<td>84.1%</td>
<td>12.7%</td>
<td>2.3%</td>
<td>67.7%</td>
<td>25.5%</td>
<td>0.4%</td>
<td>0.1%</td>
<td>4.3%</td>
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<tr>
<td>2009-2010</td>
<td>83.7%</td>
<td>13.6%</td>
<td>2.7%</td>
<td>71.3%</td>
<td>22.9%</td>
<td>0.9%</td>
<td>0.2%</td>
<td>4.6%</td>
</tr>
</tbody>
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I-Smile™: The Future

- Public-private partnerships
- Link with primary health care (I-Smile™ risk assessment, dental diagnosis codes, electronic health records)
- Improvements to Medicaid
- Workforce considerations
- Public education and oral health promotion
- Outreach to dentists and physicians about the oral health needs of very young and at-risk children
- More gap-filling services within public health to prevent disease
Bob Russell, DDS, MPH
Iowa Department of Public Health
Bureau of Oral and Health Delivery Systems
1-866-528-4020

www.ismiledentalhome.org

www.idph.state.ia.us/hpcdp/oral_health.asp
Additional Resources

NCSL's States Implement Health Reform: Oral Health brief
http://www.ncsl.org/?tabid=22477

NCSL Children’s Oral Health page
http://www.ncsl.org/?tabid=14495

Pew Children’s Dental Campaign

Children’s Dental Health Project
http://www.cdhp.org/

Health and Human Services: Center for Disease Control
http://www.cdc.gov/oralhealth/
Any Questions?

• Use the Q and A panel on your screen.
• To find the archived webinar next week, go to http://www.ncsl.org/?tabid=22359
• Please fill out the survey at the end of this webinar.

For additional information, please contact
  Tara Lubin: tara.lubin@ncsl.org or
  Jen Wheeler: jennifer.wheeler@ncsl.org

Thank you!